
Workplace Health: Engaging Business Leaders to Combat Obesity

Tina Lankford, Jason Lang, Brian Bowden, and William Baun

The Importance of the Workplace Setting

Worksites are an important setting to promote healthy behaviors as 143 million adults are employed full-time and spend 8-10 hours per day at the workplace.¹ Participation in health promotion programs have been shown to have a “dose response” relationship with health care costs, meaning health care costs decrease as employee involvement in health promotion activities in the workplace increase.² Also from the employer perspective, it is important to note that obesity is a risk factor for many other chronic conditions, diabetes, heart disease, and cancer and is known to be related to increase injuries and health care costs.³ Motivating employees to participate in a number of wellness activities may provide benefits not only for obesity prevention but other desired outcomes such as: risk reduction, risk avoidance, reduced health costs, and improved productivity measures.⁴ Employers should be concerned as forecasts suggest that by 2030, 42% of the adult population will be obese.⁵ In fact, among employers, the costs of medical expenses and absenteeism increase as employees become more obese.⁶ The cost burden of obesity (BMI 30 or greater) ranges from \$462-\$2,027 among men and \$1,372-\$2,164

Tina Lankford, M.P.H., is the Director of CDC's WorkLife Wellness Office in the Office of Safety, Security, and Asset Management. **Jason Lang, M.P.H., M.S.**, is the Team Lead for Workplace Health Programs where he has managed projects and provided leadership for the CDC National Center for Chronic Disease Prevention's (NCCDPHP) Workplace Health Initiative. **Brian Bowden, M.Sc.**, is a Health Scientist (Associate Serve Fellow) in the Office of the Associate Director for Policy at the Centers for Disease Control and Prevention. **William Baun, M.S.**, is President of the National Wellness Institute, and serves on the Board of the International Association Worksite Health Promotion, Houston Wellness Association, and CAN DO a childhood obesity community program.

among women in comparison to normal-weight employees.⁷ However, halting this trend over the next few decades by maintaining (vs. increasing) current prevalence of obesity could potentially save billions in medical care expenditures related to obesity.⁸ Employers can be part of the solution by offering workplace wellness programs and facilitating opportunities for physical activity, access to healthier foods and beverages, and incentives for disease management and prevention to help prevent weight gain among their employees.

Efforts are underway to engage employers as demonstrated by recent reports and initiatives such as the National Physical Activity Plan⁹ (NPAP) (Business and Industry sector), the National Prevention Strategy¹⁰ (NPS), Healthy Workforce 2010 and Beyond,¹¹ and the most recent Institute of Medicine report¹² (IOM), “Accelerating Progress in the Prevention of Obesity,” (released at the Weight of the Nation conference in May 2012). These all have in common a call to action to engage employers to support workplace strategies that allow for environments to encourage healthy eating and physical activity. The IOM report¹³ identifies the workplace as a strategic setting to address obesity as employers “bear direct medical and indirect productivity costs of obesity” ...and “can benefit from promoting and increasing physical activity, healthy eating, breastfeeding, and overall well-being in the workplace.” The NPAP's Business and Industry Sector addresses increasing physical activity in the workplace and identifying best practices and policies for employers.¹⁴ One example of an effort in support of the strategies in the NPAP Business and Industry Sector is the National Coalition for Promoting Physical Activity's CEO Pledge, which asks business leaders to commit and demonstrate their commitment to physical activ-

ity in the work environment and to lead by example.¹⁵ Additionally, “Healthy Workforce 2010 and Beyond” provides a clear framework and rationale as well as a process for operationalizing priorities for workplace health management.¹⁶

The National Prevention Strategy¹⁷ includes businesses and employers as key partners in achieving the overarching goal of the NPS to increase the number

of Americans who are healthy at every stage of life. Framed around four Strategic Directions, the NPS outlines specific actions for businesses and employers to take as part of these approaches. Additionally, three (of the seven) priority areas that influence obesity prevention are also included in Table 1.

Table 1

Actions Businesses and Employers Can Take Related to Obesity as Part of the National Prevention Strategy

Strategic Direction/Priority	Businesses and Employers Can
Healthy and Safe Community Environments	Adopt practices to increase physical activity and reduce pollution (e.g., workplace flexibility, rideshare and vanpool programs, park-and-ride incentives, travel demand management initiatives, and telecommuting options).
Clinical and Community Preventive Services	Offer health coverage that provides employees and their families with access to a range of clinical preventive services with no or reduced out-of-pocket costs.
	Provide incentives for employees and their families to access clinical preventive services, consistent with existing law.
	Give employees time off to access clinical preventive services.
	Provide employees with on-site clinical preventive services and comprehensive wellness programs, consistent with existing law.
Empowered People	Provide easy-to-use employee information about clinical preventive services covered under the Affordable Care Act.
	Implement work-site health initiatives in combination with illness and injury prevention policies and programs that empower employees to act on health and safety concerns.
Elimination of Health Disparities	Use media (e.g., television, Internet, social networking) to promote health.
	Provide opportunities for workplace prevention activities, including preventive screenings.
Healthy Eating	Partner with local resources such as libraries and literacy programs to enhance employees' ability to identify and use reliable health information.
	Increase the availability of healthy food (e.g., through procurement policies, healthy meeting policies, farm-to-work programs, farmers markets).
	Adopt lactation policies that provide space and break time for breastfeeding employees (in accordance with the Affordable Care Act) and offer lactation management services and support (e.g., breastfeeding peer support programs).
	Provide nutrition information to customers (e.g., on menus), make healthy options and appropriate portion sizes the default, and limit marketing of unhealthy food to children and youth.
Active Living	Reduce sodium, saturated fats, and added sugars and eliminate artificial trans fats from products.
	Implement proper handling, preparation, and storage practices to increase food safety.
	Adopt policies and programs that promote walking, bicycling, and use of public transportation (e.g., provide access to fitness equipment and facilities, bicycle racks, walking paths, and changing facilities with showers).
Mental and Emotional Well-being	Design or redesign communities to promote opportunities for active transportation (e.g., include places for physical activity in building and development plans).
	Sponsor a new or existing park, playground, or trail, recreation or scholastic program, or beautification or maintenance project.
	Implement organizational changes to reduce employee stress (e.g., develop clearly defined roles and responsibilities) and provide reasonable accommodations (e.g., flexible work schedules, assistive technology, adapted work stations).
	Ensure that mental health services are included as a benefit on health plans and encourage employees to use these services as needed.
	Provide education, outreach, and training to address mental health parity in employment-based health insurance coverage and group health plans.

Excerpt from: National Prevention Council, *National Prevention Strategy* (2011), U.S. Department of Health and Human Services, Office of the Surgeon General, available at <http://www.surgeongeneral.gov/initiatives/prevention/resources/npc_factsheet_busemployers.pdf> (last visited December 4, 2013).

Readiness for Implementing National Recommendations to Prevent Obesity

Support is strong among both employers and employees for workplaces to implement policies, practices, and programs that support the prevention of obesity. A recent employer survey was completed as collaboration between the Centers for Disease Control and Prevention, the National Business Coalition on Health, and the National Safety Council. Survey results showed that more employers are investing in obesity prevention and those that are not yet doing so are interested in what they might do, how to do it, and how to define and measure success. Also, according to the 516 employers surveyed, almost half (47.5%) implement programs to address obesity.¹⁸ Sixty percent of survey respondents stated they are “somewhat to completely ready” to address healthy weight.¹⁹ Further, in a separate study, individuals were surveyed about their extent of support for workplace and health care strategies to address obesity. The large majority (85%) of the respondents supported policy change strategies that offer employers tax breaks for providing adequate exercise facilities in the workplace. Seventy-two percent favored health care companies that required obesity treatment and prevention and beneficiary discounts to motivate individuals to maintain or move toward a healthy weight.²⁰

Summary of Presentation Highlights as Presented at Weight of the Nation 2012

The Weight of the Nation Workplace Health Track’s mission was to lead, engage, and transform businesses for better health by addressing innovative and effective workplace policies, systems, or environmental approaches to address obesity prevention and control. The subcommittee responsible for organizing this track created sessions that emphasized aspects of the work environment and/or organizational structures and systems where wellness is integrated into the culture or mission of the organization and included examples of: (1) engagement and leadership at all levels of the organization; (2) partnerships with and outreach to the broader community; and/or (3) the application of evidence-based workplace strategies that are scalable and may be replicated by others. In response to a call for abstracts, practitioners submitted presentation proposals across all of these dimensions of workplace wellness. From these, conference planners were able to create four themed sessions totaling 16 presentations over two days, networking discussions, and an eight-hour pre-conference training offered to 25 practitioners entitled “Measures that

Matter,” co-sponsored through the National Wellness Institute.

Key Actions for Improving Health in Workplaces

The Weight of the Nation Workplace Track was organized into four main themes determined by the types of proposals and the subject matter experts on the planning committee: (1) Make the Healthy Choice the Easy Choice: Tools and Solutions at Work; (2) Organizational Nudges to Wellness; (3) Don’t Do Wellness Alone—Partner for Success; and (4) Reaching Beyond the Worksite—Engaging the Community. The conference brought together wellness practitioners who provided lessons learned and best practices from the field.

Following are key points discussed during presentations, audience participation, round-table sessions, and town hall meeting. These may assist businesses and employers who are considering how to address obesity and prevention of other chronic diseases:

1. Strategies for Increasing Physical Activity and Healthier Eating in the Workplace:

- The following workplace wellness interventions and programmatic strategies were shared as successful in achieving results and/or engaging employees. Successes in the following approaches were attributed to the multi-component nature of the interventions as they include a social, environmental, and informational component. An example framework for reference is the HP2010 definition²¹ which provides the following elements of comprehensive workplace programming: health education, screening, linkages to other related programs, supportive social and physical environments, and integration of worksite wellness into the organizational structure. CDC also provides this operational version: “A comprehensive approach puts policies and interventions in place that address multiple risk factors and health conditions concurrently and recognizes that the interventions and strategies chosen may influence multiple organization levels including individual employee behavior change, organizational culture, and the worksite environment.”²² The following strategies were highlighted in this session:
 - Encourage physical activity as part of the workday. For example,
 - Address sitting time and incorporate fitness breaks such as Toni Yancey’s — “Instant Recess”²³

- Physical activity equipment for stress “break” stations as implemented at MD Anderson Cancer Center²⁴
- Select popular and low-cost interventions to support workplace healthy choices, e.g., walking clubs, community fruit baskets.
- Implement healthy vending initiatives and campaigns to encourage healthier food selection. The City of Portland shared their program, “Power Vending.”
- Use pricing strategies to encourage the availability, affordability, and ultimately the selection of healthier foods in place of minimally nutritious foods.
- Increase access to physical activity opportunities in the workplace such as walking paths, exercise rooms, motivational signage, intramural sports, sponsorship of events.

2. Organizational Policies and Initiatives to Improve Wellness

The following examples of processes and practices were shared among conference speakers and attendees as a systems approach to support and promote health:

- Engage all levels of leadership (senior executives, middle managers, and front-line supervisors) to understand, support, and participate in wellness-related policies and programs.
- Align wellness strategies and goals to the employer leadership, business strategies and organizational mission.
- Establish overarching policies to address healthy food procurement, healthy vending and healthy food at meetings practices and policies, such as having all contracts reviewed by the county public health department prior to solicitation. An example guide for criteria is the HHS and the General Services Administration (GSA) Health and Sustainability Guidelines for Federal Concessions and Vending Operations <<http://www.cdc.gov/chronicdisease/resources/guidelines/food-service-guidelines.htm>>.
- Implement policies to support work-life balance such as Weight Watchers at Work and Eat Smart Move More Weigh Less online or in-person classes.
- Provide lactation support program for new mothers returning to work that includes the continuation of breastfeeding, ensuring both private space, and adequate break time.
- Institute a worksite wellness committee as a resource for employees to give feedback on programming, which serves to prioritize and sustain workplace wellness programs.

- Support alternative transportation options to the workplace through policies, incentives, and environmental support as an effort to increase physical activity and protect the environment.
- Build a network of “lay” or peer wellness ambassadors to broaden reach for wellness program success.
- Extend program offerings to family members to further support employees’ wellness and prevention in the home environment. See National Safety Council’s example at <www.Beyondworkplace.nsc.org>.
- Offer employees flexible work schedules, stretch/stress breaks, and efforts to reduce sitting time and general inactivity.²⁵

3. Workplace Wellness Partnerships (within and across Businesses)

Workplaces may support and work collaboratively among the employer/business community as a strategy to pool resources in an effort to be both more efficient and effective.²⁶ Specific examples actions taken to develop these collaborations shared during the conference are provided here:

- Consult with the National Business Coalition on Health (NBCH) to learn how to build and provide the business case in order to respond to employers concerns. Information on NBCH initiatives and resources is available at <<http://www.nbch.org/>>.
- Engage in local business coalitions and gathering “what works” for business leadership. An example shared was “Healthiest Maryland” and their partnership efforts with local business: <<http://dhmh.maryland.gov/healthiest/SitePages/Home.aspx>> .
- Review insurance provider coverage for employees such as those for prevention screening, onsite disease management care, and follow-up care for specific risk factors related to obesity (e.g., counseling for inactivity, poor nutrition). An example of a tool that provides an evaluation of health care coverage is provided by National Business Coalition on Health: <<http://www.nbch.org/evaluate8>>
- Engage other neighboring businesses as part of an overarching effort such as Topeka Kansas’ Capital City Wellness program: <http://www.capitalcitywellness.org/wellness_toolkit.htm>.

4. Reaching the Community

Employer-community programs can create healthier environments and promote health within the commu-

Recognizing the adverse impact of obesity on employee productivity and health, many businesses have invested resources in worksite strategies to increase physical activity and improve the diets of their employees. Employers play a pivotal role in creating health-supportive environments for their employees as well as the community at large. Employers that contribute to a healthier workforce have the potential to reduce their out-of-pocket health care costs and improve productivity within their workforce. Further, through community engagement, employers can foster the improved health and stability of their future workforce.

nity and thereby potentially improve the workforce readiness of current and future employees. Several examples of businesses engaging and investing in the community were shared throughout the conference. A few highlighted strategies and examples are below:

- Build local community and business coalitions such as the Healthy Freeborn County as part of Minnesota's State Health Improvement Plan: <<http://healthyfreeborncounty.org/worksite-wellness>>.
- Encourage organizational leadership to seek community collaborations such as those described in the case studies as part of: "Leading by Example," the Partnership for Prevention publication: <<http://www.prevent.org/Initiatives/Leading-by-Example.aspx>>
- Partner with local non-profits for community improvement. The Campbell Soup Company's partnership with United Way was shared as an example of community empowerment: <<http://www.campbellsoupcompany.com/csr/pages/neighbors/childhood-obesity-and-hunger.asp>>.

Conclusion

Recognizing the adverse impact of obesity on employee productivity and health, many businesses have invested resources in worksite strategies to increase physical activity and improve the diets of their employees. Employers play a pivotal role in creating health-supportive environments for their employees as well as the community at large. Employers that contribute to a healthier workforce have the potential to reduce their out-of-pocket health care costs and improve productivity within their workforce. Further, through community engagement, employers can foster the improved health and stability of their future workforce.

CDC Disclaimer

The findings and conclusions in this article are those of the authors and do not necessarily represent official position of the Centers for Disease Control and Prevention. Use of trade names is for identification only and does not imply endorsement by the Centers for Disease Control and Prevention/the Agency for Toxic Substances and Disease Registry, the Public Health Service, or the U.S. Department of Health and Human Services.

References

1. U.S. Department of Labor, Bureau of Labor Statistics, "Household Data: Table A-1: Employment Status of the Civilian Population by Sex and Age," September 2012, *available at* <<http://www.bls.gov/news.release/empst.t01.htm>> (last visited November 27, 2013); U.S. Department of Labor, Bureau of Labor Statistics, "American Time Use Survey - 2010 Results," 2011, *available at* <<http://www.bls.gov/news.release/atus.nr0.htm>> (last visited November 27, 2013).
2. S. A. Serxner, D. B. Gold, J. J. Grossmeier, and D. R. Anderson, "The Relationship between Health Promotion Program Participation and Medical Costs: A Dose Response," *Journal of Occupational and Environmental Medicine* 45, no. 11 (2003): 1196-1200.
3. U.S. Department of Health and Human Services, *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity* (2001), U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General.
4. Partnership for Prevention and U.S. Chamber of Commerce, *Healthy Workforce 2010 and Beyond: An Essential Health Promotion Sourcebook for Both Large and Small Employers*, 2009, *available at* <<http://www.uschamber.com/reports/healthy-workforce-2010-and-beyond>> (last visited November 27, 2013).
5. E. Finkelstein, O. Khavjou, H. Thompson, J. Trogdon, L. Pan, B. Sherry, and W. Dietz, "Obesity and Severe Obesity Forecasts through 2030," *American Journal of Preventive Medicine* 42, no. 6 (2012): 563-570.
6. E. Finkelstein, I. Fiebelkorn, and G. Wang, "The Costs of Obesity among Full-Time Employees," *American Journal of Health Promotion* 20, no. 1 (2005): 45-51.
7. *Id.*
8. See Finkelstein, *supra* note 5.
9. National Physical Activity Plan website, *available at* <<http://www.physicalactivityplan.org/>> (last visited November 27, 2013).
10. National Prevention Council, National Prevention Strategy (2011), U.S. Department of Health and Human Services, Office of the Surgeon General, *available at* <http://www.surgeongeneral.gov/initiatives/prevention/resources/npc_factsheet_bus-employers.pdf> (last visited December 4, 2013).
11. See *Healthy Workforce 2010 and Beyond*, *supra* note 4.

12. Institute of Medicine, *IOM Accelerating Progress on Obesity Prevention-Solving the Weight of the Nation* (Washington, D.C.: National Academies Press, 2012), available at <www.iom.edu/acceleratingobesityprevention> (last visited November 27, 2013).
13. *Id.*
14. National Coalition for Promoting Physical Activity (NCPA)-CEO Pledge, available at <<http://www.ncppa.org/npap/CEO-Pledge/>> (last visited November 27, 2013).
15. *Id.*
16. See *Healthy Workforce 2010 and Beyond*, *supra* note 4.
17. See National Prevention Council, *supra* note 10.
18. National Business Coalition on Health, *Obesity/Weight Management: Employer Survey and Interview Project Opportunities and Challenges for Promoting Obesity Prevention and Control among Small to Mid-Size Employers* (2011), available at <http://nbch.org/nbch/files/ccLibraryFiles/FileName/000000002270/NBCH_Survey_RPT_FNLhi.pdf> (last visited November 27, 2013).
19. *Id.*
20. B. Fuemmeler, C. Baffi, L. Masse, A. Atienza, and D. Evans, "Employer and Healthcare Policy Interventions Aimed at Adult Obesity," *American Journal of Preventive Medicine* 32, no. 1 (2007): 44-51.
20. *Id.*
21. See *Healthy Workforce 2010 and Beyond*, *supra* note 4.
22. CDC, *Workplace Health Promotion Definition and Description*, available at <http://www.cdc.gov/workplacehealthpromotion/pdfs/Workplace_Health_Program_Definition_and_Description.pdf> (last visited November 27, 2013).
23. H. van der Ploeg, T. Chey, R. Korda, E. Banks, and A. Bauman, "Sitting Time and All-Cause Mortality Risk in 222,497 Australian Adults," *Archives of Internal Medicine* 172, no. 6 (2012): 494-500.
24. L. Berry, A. Mirabito, and W. Baun, "What's the Hard Return on Employee Wellness Programs?" *Harvard Business Review*, December 2012.
25. A. Yancey, A. Raines, W. McCarthy, C. Gewa, M. Weber, and J. Fielding, "The Los Angeles Lift Off: A Sociocultural Environmental Change Intervention to Increase Workplace Physical Activity," *Preventive Medicine* 38, no. 6 (2004): 848-856.
26. A. Webber and S. Mercure, "Improving Population Health: The Business Community Imperative," *Preventing Chronic Disease* 7, no. 6 (2010): A121, available at <http://www.cdc.gov/pcd/issues/2010/nov/10_0086.htm> (last visited November 27, 2013).